

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		3/4/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		59158	9-15-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	2/17/0
2	✓	✓	2/17/0
3	✓	✓	2/17/0
4	✓	✓	2/17/0
5	✓	✓	2/17/0
6	✓	✓	2/17/0
7	✓	✓	2/17/0
8	✓	✓	2/17/0
9	✓	✓	2/17/0
10	✓	✓	2/17/0
11	✓	✓	2/17/0
12	✓	✓	2/17/0
13	✓	✓	2/17/0
14	✓	✓	2/17/0
15	✓	✓	2/17/0
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18	✓	✓	2/17/0
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25	✓	✓	2/17/0
26	✓	✓	2/17/0
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28	✓	✓	2/17/0
29	✓	✓	2/17/0
30	✓	✓	2/17/0
31	✓	✓	2/17/0
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42	✓	✓	2/17/0
43	✓	✓	2/17/0
44	✓	✓	2/17/0
45	✓	✓	2/17/0
46	✓	✓	2/17/0
47	✓	✓	2/17/0
48	✓	✓	2/17/0
49	✓	✓	2/17/0

Claim	Final	Original	Date
51	✓	✓	2/17/0
52	✓	✓	2/17/0
53	✓	✓	2/17/0
54	✓	✓	2/17/0
55	✓	✓	2/17/0
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62	✓	✓	2/17/0
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74	✓	✓	2/17/0
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77	✓	✓	2/17/0
78	✓	✓	2/17/0
79	✓	✓	2/17/0
80	✓	✓	2/17/0
81	✓	✓	2/17/0
82	✓	✓	2/17/0
83	✓	✓	2/17/0
84	✓	✓	2/17/0
85	✓	✓	2/17/0
86	✓	✓	2/17/0
87	✓	✓	2/17/0
88	✓	✓	2/17/0
89	✓	✓	2/17/0
90	✓	✓	2/17/0
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98	✓	✓	2/17/0
99	✓	✓	2/17/0
100	✓	✓	2/17/0

Claim	Final	Original	Date
101			
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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